

**APPLICANT DATA REPORT**

DA: OFSS

*To be completed for all vacant positions and attach when submitting the PAR.*

03/01/04

1. SECTION/UNIT:		2. TITLE OF VACANT POSITION:		3. POSITION NUMBER:									
4. CERTIFICATE NUMBER:		5. VAC. ANN. # :		6. TYPE OF APPOINTMENT									
				<table border="1"> <tr> <td>Transfer</td> <td>Probation</td> <td>Promotion</td> <td>Other:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Transfer	Probation	Promotion	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	Probation	Promotion	Other:										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7. INTERVIEWED BY:		8. TITLE:		9. INTERVIEW DATE:									

**ETHNICITY:** Hispanic Latino or NOT Hispanic Latino**RACE CODES:** (A I/AK) American Indian or Alaskan Native,

(B) Black or African American, (C) Caucasian/White, (A) Asian, (HI/PI) Native Hawaiian or Other Pacific Islander

**DISPOSITION CODES:** ( A ) Appointed, ( I ) Interviewed, ( C ) Considered, ( D ) Declined**REMARKS:** Explicit reason for rejection is needed if applicant is an Ethnic Minority, Female, or Disabled.

APPOINTEE	SEX		ETHNICITY		RACE CATEGORY					APPOINTMENT DATE: Exceptions Justification:
	M	F	Hispanic Latino	NOT Hispanic Latino	AI/AK	B	C	A	HI/PI	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks:

APPLICANT	SEX		ETHNICITY		RACE CATEGORY					Test Score	Disposition
	M	F	Hispanic Latino	NOT Hispanic Latino	AI/AK	B	C	A	HI/PI		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

APPLICANT	SEX		ETHNICITY		RACE CATEGORY					Test Score	Disposition
	M	F	Hispanic Latino	NOT Hispanic Latino	AI/AK	B	C	A	HI/PI		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

APPLICANT	SEX		ETHNICITY		RACE CATEGORY					Test Score	Disposition
	M	F	Hispanic Latino	NOT Hispanic Latino	AI/AK	B	C	A	HI/PI		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

APPLICANT	SEX		ETHNICITY		RACE CATEGORY					Test Score	Disposition
	M	F	Hispanic Latino	NOT Hispanic Latino	AI/AK	B	C	A	HI/PI		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

APPLICANT	SEX		ETHNICITY		RACE CATEGORY					Test Score	Disposition
	M	F	Hispanic Latino	NOT Hispanic Latino	AI/AK	B	C	A	HI/PI		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks:

SUPERVISOR / SECTION HEAD:										DATE:	
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